

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006631

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 904

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

COUNTY JACKSON

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

46 YEARS

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

2607 LAWN AVENUE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2607 LAWN AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

OLIVER

B

MINNEY

## 4. DATE OF DEATH

Month

Day

Year

FEBRUARY

12

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/18/86

## 9. AGE (last birthday)

77 75

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUSTODIAN

## 10b. KIND OF BUSINESS OR INDUSTRY

BOARD OF EDUCATION

## 11. BIRTHPLACE (City and state or country)

WYOMING

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

ELI

MINNEY

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

ETHEL M. MINNEY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) NO

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 2607 LAWN AVE. MRS. ETHEL M. MINNEY KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive heart disease

## INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic heart disease

5 hrs.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1/28/94

## 20f. CITY, TOWN, OR LOCATION

2/12/62

## COUNTY

## STATE

## 21. I attended the deceased from

5:30 P.

to 2/12/62

and last saw him alive on 2/12/62

## Death occurred at

5:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D. W. Newcomer

MD

## 22b. ADDRESS

808 So 15 Blue Springs Hwy

## 22c. DATE SIGNED

2/3/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

## 23b. DATE

FEB. 15, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

D. W. NEWCOMER'S SONS KANSAS CITY

## 23d. LOCATION (City, town, or county)

MISSOURI

## 24. FUNERAL DIRECTOR

1931 BRUSH CR.

## 25. DATE RECD. BY LOCAL REG.

2-15-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Phrolo L. Catterna*

Licensed Embalmer No.

*3035*

P. O. Address

*1000 E. 10th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.